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E&C Health Subcommittee
***“Texas v. U.S.: The Republican Lawsuit and Its Impacts on Americans
with Pre-Existing Conditions”***
Wednesday, February 6, 2018
As Prepared for Delivery

Good morning, everyone, and thank you for joining us this morning for our first Health Subcommittee hearing of the 116th Congress. I would like to take a moment to congratulate our new Chair, Anna Eshoo. I look forward to partnering with you throughout this Congress.

Today, we are here to discuss the issue of protecting access to health care for individuals with pre-existing medical conditions in addition to the *Texas v. U.S.* court case. Let me be clear: This is an issue for which there is broad bipartisan support.

While I am glad that we are finally holding our first hearing of the year, I am disappointed that we are holding a passive hearing that

doesn't move toward the development of any policies to improve health care for Americans. To that effect, there are numerous options that you could bring before us that could moot the *Texas v. U.S.* case, but you have chosen not to do so.

My constituents in North Texas are consistently concerned about not having access to affordable health care. In my district, that is the policeman and the school teacher with two children who have a bronze plan and cannot afford their high deductible. I take countless meetings with families suffering from high health care and prescription drug costs, but unfortunately that's not why you've convened us here today. We could be using this valuable time to develop policies to help those individuals and families, yet we are here discussing something upon which we all agree but are taking no substantive action to address.

If you believe in Medicare for All, a single-payer, government-run, "one-size-fits-all" health care system, we should have a hearing on it

right here in this subcommittee. The House Budget Committee and others are having hearings on this, and Democrats are introducing legislation. These bills belong in the jurisdiction of Energy and Commerce, and yet we have not scheduled a hearing to discuss this agenda. Do I agree with the policy or think it would be good for the American people? No, I do not; however, I would gladly engage in a meaningful dialogue about what such a policy would mean for the American people.

Single-payer health care would be another failed attempt at a one-size-fits-all approach to health care. Americans are all different and a universal health care plan will not meet the varying needs of each and every individual. Single-payer is not one-size-fits-all, it is really one-size-fits-no-one.

Today, we should be focusing on the parts of the health insurance market that are working for Americans. For example, 71 percent of

Americans are satisfied with their employer-sponsored health insurance, which provides robust protections for individuals with pre-existing conditions. Quite simply, the success of the employer-sponsored insurance market is *not* worth wiping out with single-payer health care. In fact, today there is a greater percentage of Americans in employer health coverage than at any time since 2000.

Since President Trump took office, the number of Americans in employer health coverage has increased by more than 2.5 million. Given that the United States economy added more than 300,000 jobs in January, the number of individuals and families covered by employer-sponsored plans is likely even greater.

Instead of building upon the successes of our existing health insurance framework, radical, single-payer, government-run Medicare for All policy would tear it down. It would eliminate employer-sponsored health insurance, private insurance, the Indian Health

Service, and Medicaid and CHIP, and pave the road to the elimination of the VA. Existing Medicare beneficiaries would not be exempt from harm, as the policy would raid the Medicare Trust Fund, which is already slated to go bankrupt in 2026.

Again, while I appreciate that we have organized and are holding our first hearing, I believe that we could be using our time much more productively. There is bipartisan support for protecting individuals with pre-existing conditions, and I look forward to future hearings where we can have substantive, bipartisan policy-based discussions. With that, I yield back.